



April 11, 2022

CMS, Office of Strategic
Operations and Regulatory Affairs,
Division of Regulations Development,
Attention: Form CMS-10545; OMB Control Number: 0938-1279)
Room C4-26-05,
7500 Security Boulevard,
Baltimore, Maryland 21244

RE: Outcome and Assessment Information Set (OASIS) OASIS-E

To Whom It May Concern,

Since 1982, the National Association for Home Care & Hospice (NAHC) has been the leading association representing the interests of home health, hospice and home care providers across the nation, including the home caregiving staff and the patients and families they serve. Our members are providers of all sizes and types -- from small rural agencies to large national companies -- and including government-based providers, nonprofit organizations, systems-based entities and public corporations.

NAHC appreciates the opportunity to submit comments and offers the following concerns and recommendations on the burden estimate related to the OASIS-E.

Burden Estimate

CMS estimates the burden by stratifying clinician time into three categories to complete the OASIS data elements (.15 mins/9 seconds, .25mins./15seconds, and .3 mins/18 seconds). Although it is unknown which data elements are assigned which time allotments, the estimate allows for only a maximum of 18 seconds to complete any of the data elements, including the most complex elements. Many of the new items under cognitive function, (i.e. Brief Interview for Mental Status (BIMS) and Confusion Assessment Method (CAM©) include data elements that will take significant more time than 18 seconds to complete. For example, the patient

response time to the data elements included in the BIMS must be taken into consideration when determining total clinician time to complete the data item. Additionally, in order for the clinician to accurately complete data element C1310A - Signs and Symptoms of Delirium (from the CAM)- Acute Onset of Mental Status Change, the patient must be assessed and the medical record reviewed. This data element alone could take several minutes to complete. Furthermore, NAHC maintains concern that the burden estimate for the existing GG assessment items for the mobility and self-care assessment are grossly underestimated, even when applying the highest allotted burden estimate of 18 second per data element.

GG0170 Mobility: This item requires the clinician to score a patient's mobility using a six point scale on 17 individual data elements. The clinician is to assess a patient ambulating several distances (10, 50, and 150 feet) on even and uneven surfaces, going up and down several stair levels (1, 4 and 12 steps), performing multiple transfers, including a car transfer, and picking up an object. If assigned the highest allotted time estimate of 18 seconds per data element, it takes a clinician only 5.1 minutes to complete the entire assessment item. Given the nature of the assessment item and the population home health agencies typically serve, many of the individual data elements could take several minutes for a clinician to complete. Item GG0170 could increase the time for completing the OASIS E data set by as much as 10 minutes above the estimated time.

GG0130 Self Care: This item requires the clinician to score a patient's ability to perform self-care activities using a six point scale on 7 individual data elements. Similar to GG0170, these data elements require observation or simulation of the patient completing the task. Patient reporting of their ability to perform self-care activities has proven unreliable; therefore, the OASIS User Manual includes instructions for clinicians to observe the patient completing the activity when selecting a response to functional assessment items for better accuracy. A burden estimate of 18 seconds per data element of this assessment item would only take 2.1 minutes to complete. Again, CMS' burden estimates could lead to an underestimation on the time needed to complete the item, depending on the physical and cognitive capacity of the patient. NAHC estimates that assessment item could increase the time to complete the OASIS E assessment by approximately 8 minutes above the estimated time.

Recommendation: Revise the burden estimate to more accurately reflect the time it will take a clinician to complete the complex items for cognition, mobility, and self-care in the OASIS E data set.

Training Cost/Staff

NAHC is concerned that the burden estimate for the OASIS E training costs per home health agency (HHA) may be underestimated. CMS calculates the training costs using an average of 18 staff members per HHA; 13 clinicians and 5 administrative staff. Since the source of this data is not identified, it is unclear whether the number reflects individual staff members or full-time equivalents (FTEs) only. Failure to count all clinical staff working for the agency will lead to an underestimate of training costs. A significant number of clinical staff providing care to home health patients are employed or contracted on a part time or as needed basis.

Recommendation: If the staff per HHA estimates reflects only FTEs, a new cost estimate for the total number of individuals requiring training should be calculated.

Administrative Time

5 minutes of administrative time to submit the assessment to CMS does not take into account the time and cost for an agency to review the OASIS assessment for accuracy of the data set. Because the OASIS instrument has multiple applications for home health providers, HHAs have had to implement comprehensive quality assurance reviews by clinical staff of the OASIS assessment as part of the entire submission process. NAHC estimates that this could add 15 minutes to the average time spent on each OASIS submission process and requires the cost of a clinical staff member to conduct the review.

Recommendation: Increase the burden estimate for the OASIS E submission by an additional 15 minutes using the cost of a clinical staff member.

Assessment Items M0110 - Episode Timing and M2200 - Therapy Need

Assessment items M0110 and M2200 were necessary data items to implement the home health prospective payment system prior to 2020. With the implementation of the Patient Driven Groupings Model (PDGM) these items are no longer required to be collected through the OASIS data set. The episode timing element of the PDGM is calculated by the Medicare claims processing system and the therapy need is no longer included in the case mix calculation under the PDGM. Maintaining these assessment items would only be indicated to accommodate other payers that apply an outdated home health payment model. If CMS truly wishes to reduce provider burden and focus on high impact concepts that are meaningful to patients and home health agencies, the practice of requiring the collection of information that has no significance or value towards CMS' Home Health Quality Reporting Program and payment models should be discontinued.

Recommendation: CMS should eliminate M0110 - Episode Timing and M2200 - Therapy Need from the OASIS-E data set.

Thank you again for the opportunity to submit these comments. Please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Mary K. Carr".

Mary K. Carr
V. P. for Regulatory Affairs